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Bib Data Sheet

CONFIRMATION NO. 5968

|   |   |                                    |   |   |
|---|---|------------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/756,288  | <b>FILING DATE</b><br>01/09/2001<br><b>RULE</b>   | <b>CLASS</b><br>604                | <b>GROUP ART UNIT</b><br>3731   | <b>ATTORNEY DOCKET NO.</b><br>P66317US0 |
| <b>APPLICANTS</b><br>Signe Uhre Gultfeldt, Hillerod, DENMARK;<br>Henrik Lindenskov Nielsen, Smorum, DENMARK;<br>Allan Tanghoj, Kokkedal, DENMARK;   |   |                                    |   |   |
| <b>** CONTINUING DATA *****</b> <i>mbb</i>  |   |                                    |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>DENMARK PA 2001 00008 01/03/2001 <i>mbb</i>   |   |                                    |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/21/2001</b>  |   |                                    |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>mbb</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>DENMARK | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>16               |
|   |   |                                    | <b>INDEPENDENT CLAIMS</b><br>4  |   |
| <b>ADDRESS</b><br>00136   |   |                                    |   |   |
| <b>TITLE</b><br>External urinary catheter device for the relief of male urinary incontinence  |   |                                    |   |   |
| <b>FILING FEE RECEIVED</b><br>920   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |